FORMS

This section contains copies of **required** (Section 7 and 8) and recommended (Section 9) forms. You will note that the Section 7 forms are now required in addition to the annual year end forms in Section 8. The combination of these forms sufficiently meets the Section 42 code requirements for record-keeping and, in striving to reach a consistent standard of accurate tenant file documentation, their use is now **mandatory** for all Hawaii LIHTC properties.

In filling out each form see that every line item is addressed. Make certain that all forms are filled out completely, including returned verification forms. Do not assume that a blank line equates to "Not Applicable." *Third party verifications should be mailed or faxed to the source, never hand-carried.* Pursue phone verification to clarify any missing or ambiguous information.

Never use correction tape or liquid to revise information on any document. If revision or correction is required, draw a line through the change, then write the correct information above it. All parties must initial each change or correction.

A. Required Forms For Tenant Certification

1. Tenant Application
2. Interview Checklist
3. Certification Worksheet
4. Tenant Income Certification
5. Under $5,000 Asset Certification
6. Recertification Update

B. Annual Year End Forms

These forms are **required** at the close of every calendar year of the compliance period for each building. They can be downloaded from the SPECTRUM website, www. spectrumlihtc.com.

1. HCDCH Annual Report/Owner's Certification
2. Original Qualified Basis Tracking Sheet – only submitted at end of first tax year
3. Utility Allowance Information
4. Software Download

C. Recommended Forms for Tenant Certification

Note: If the corresponding forms currently in use at your property are comparable to the forms in this section, you may continue to use your current forms. However, since these forms are being provided at no additional expense as examples of tenant information to request/verify and document for tenant files, noncompliance will occur if the form in use does not adequately meet LIHTC and HUD certification or verification requirements. Should there be any question regarding comprehensiveness of your forms, please submit your forms to SPECTRUM for approval.

1. Employment/Income Verification (Third Party)
2. Unemployment Verification (Third Party)
3. Public Assistance/TANF Verification (Third Party)
4. Child Support or Alimony Certification (Third Party and Self-Affidavit)
5. Social Security/SSI Verification (Third Party)
6. Pension Verification (Third Party)
7. Veteran's Pension/Benefits Verification (Third Party)
8. Asset Income Verification (Third Party)
9. Real Estate Verification (Third Party)
10. Real Estate Asset Worksheet
11. Telephone Verification/Clarification
12. No Change in Income Statement (Self-Affidavit)
13. Section 8 Income Verification (Third Party)

14. Life Insurance Verification (Third Party)
15. Student Verification (Third Party)
16. Household Student Status Verification (Retroactive, Self-Affidavit)
17. Self-Employment Affidavit
18. Verification of Terminated Employment (Third Party)

REQUIRED FORMS

APPLICATION FOR HOUSING

Purpose: **To obtain resident or household information, sufficiently detailed to determine income and program eligibility.**

General Instructions**: Address all lines and sections. If a line or section is not applicable instruct the applicant to cross it out, mark with "N/A", or mark with a "0" if it is a dollar amount line or section.**

Specific Instructions**:**

1. **All applicants 18 and older must sign the application.**
2. **All sources of earned income must be reported for all household members 18 years and older.**
3. **All unearned income and assets must be reported for all household members, including minors.**
4. **If a spouse or roommate is not working, it must be disclosed what he or she is doing, i.e. homemaker, student, etc. (An unemployed or 0 Income verification should be filled out.)**
5. **Application information should not exceed 90 days of move-in to be sure that income/asset sources to be verified are current and still applicable. If an application becomes out-of-date, either a new application must be submitted to update information or the applicants may be called in for the application interview (using the Interview Checklist form) to update all information.**

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	**Project:** **Address:**
Please complete this application and return to:	**Name:** **Address:**

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): ______________________________

Address: ______________________________
Street Apt.# City State ZIP

Daytime Phone: ____________________ Evening Phone: ____________________

No. of BR's in current unit: ____________________ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: $ ____________________

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $ __________

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No
If yes, explain:
Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	☐ Yes	☐ No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	$
	Social Security	$
	Social Security	$
	Social Security	$
	SSI Benefits	$
	SSI Benefits	$
	SSI Benefits	$
	SSI Benefits	$
	Pension (list source)	$
	Pension (list source)	$
	Pension (list source)	$
	Veteran's Benefits (list claim #)	$
	Veteran's Benefits (list claim #)	$
		$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Title IV/TANF	$
	Title IV/TANF	$
	Title IV/TANF	$
	Full-Time Student Income (18 & Over Only)	$
	Full-Time Student Income (18 & Over Only)	$
	Interest Income (source)	$
	Interest Income (source)	$
	Interest Income (source)	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	☐ Yes ☐ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	☐ Yes ☐ No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
	Other Income	$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	$

Do you anticipate any changes in this income in the next 12 months?	☐ **Yes**	☐ **No**
Is any member of the household legally entitled to receive income assistance?	☐ **Yes**	☐ **No**
Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2?	☐ **Yes**	☐ **No**

If yes to any of the above, explain:

Is the income received?	☐ **Yes**	☐ **No**

D. ASSETS If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Trust Account	#	Bank	Balance $
Certificates	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Credit Union	#	Bank	Balance $
	#	Bank	Balance $
Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
Life Insurance Policy	#		Cash Value $
Life Insurance Policy	#		Cash Value $

Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property				Appraised Value $

Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
Location of property	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	☐ Yes ☐ No

Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
Have you or any member of your family ever been convicted of a felony?	☐ Yes	☐ No

If yes, describe:

Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe		
Have you ever filed for bankruptcy?	☐ Yes	☐ No
If yes, describe		
Will you take an apartment when one is available?	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	

Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?		Yes	No
If yes, describe:			

<u>CERTIFICATION</u>

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

______________________________ ________________
(Signature of Tenant) Date

______________________________ ________________
(Signature of Co-Tenant) Date

______________________________ ________________
(Signature of Co-Tenant) Date

______________________________ ________________
(Signature of Co-Tenant) Date

Interview Checklist

Purpose:

This form is to be used by property management to document the mandatory interview conducted with all adult members of the household 18 years or older. A personal interview is required to review the information provided on the application to ensure the accuracy and completeness of the application and identify any inconsistencies and ambiguities *before* obtaining third-party verification.

Specific Instructions:

1. Management asks each question and fills in each blank.
2. Answer all questions.
3. If a discrepancy occurs between the application and interview checklist information, document the reason(s) for the discrepancy. In this manner, errors on the application can be identified and explained so that questions will not be raised at a later date.
4. Certify at the bottom of page four by having all adult members of the household 18 or older and the property management representative sign and date the interview checklist.

INTERVIEW CHECKLIST

Complex Code ________________ Date______________

A personal interview is required in order to process an applicant for tenancy. This interview checklist will be used with all applicants to go over the application. All questions will be asked during the interview with the applicant(s) required to sign this form at the end of the interview.

This application is listed with ____ As head of household.
Is that correct? ☐ Yes ☐ No

	Name	Relationship to head	Birth Date	Age (optional)	Student Y/N
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

Have there been any changes in household composition in the last twelve months?	☐ Yes ☐ No
If yes, explain:	
Do you anticipate any changes in household composition in the next twelve months?	☐ Yes ☐ No
If yes, explain:	

Is this the entire household to occupy the unit? ☐ Yes ☐ No

If no, please explain: ____

____

As site/resident manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? ☐ Yes ☐ No

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application? ☐ Yes ☐ No

Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

If yes, please explain: ____

If *yes,* answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Is the full time student a Title IV/TANF recipient?	☐ Yes	☐ No
Is the full time student a single parent living with his/her minor child and the parent and child are not dependants on another's tax return?	☐ Yes	☐ No

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

Social Security?	☐ Yes	☐ No	$
SSI?	☐ Yes	☐ No	$
Pension/Annuity?	☐ Yes	☐ No	$
Veterans Benefits?	☐ Yes	☐ No	$
Disability?	☐ Yes	☐ No	$
Unemployment?	☐ Yes	☐ No	$
Workman's Comp?	☐ Yes	☐ No	$
TANF/Public Assistance?	☐ Yes	☐ No	$
Employment?	☐ Yes	☐ No	$
Do you receive Alimony?	☐ Yes	☐ No	$
Are you entitled to receive Alimony?	☐ Yes	☐ No	$
Do you receive Child Support?	☐ Yes	☐ No	$
Are you entitled to receive Child Support?	☐ Yes	☐ No	$
Military Pay?	☐ Yes	☐ No	$
Net Income from Business?	☐ Yes	☐ No	$
Contributions from Friends/Relatives?	☐ Yes	☐ No	$
Income from Assets?	☐ Yes	☐ No	$
Other Income?	☐ Yes	☐ No	$
Long Term Medical Care Insurance Payments in excess of $180/day	☐ Yes	☐ No	$
**Grants or Scholarships?	☐ Yes	☐ No	$

[**Not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent.]

Do you file Income Tax returns? ☐ Yes ☐ No

Please list total household income for previous year. $ ________________

If this differs from current year, please explain: ____

____

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2? ☐ Yes ☐ No

If yes, please explain:

Do you or a family member have any of the following assets?

Checking Accounts	☐ Yes	☐ No
Savings Accounts	☐ Yes	☐ No
Certificates of Deposit	☐ Yes	☐ No
IRA	☐ Yes	☐ No
Other Retirement Funds	☐ Yes	☐ No

Stocks or Bonds	☐ Yes	☐ No
Mutual Funds	☐ Yes	☐ No
Trust Accounts	☐ Yes	☐ No
Life Insurance	☐ Yes	☐ No
Real Estate	☐ Yes	☐ No

If Real Estate is owned, is it for sale? ☐ Yes ☐ No Rented? ☐ Yes ☐ No Sold? ☐ Yes ☐ No

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.) ☐ Yes ☐ No

Please explain: ______________________________

Other Current Assets (Cash, etc.?) ☐ Yes ☐ No

Please explain: ______________________________

Have any assets been disposed of within the past two years? ☐ Yes ☐ No

Please explain if any of the above assets are, or have been, held jointly:

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on page 2? ☐ Yes ☐ No

If yes, describe:

Compare income sources and amounts listed on the application to those listed on this interview and clarify any differences.

Compare asset sources and amounts listed on the application to those listed on this interview and clarify any differences.

Do you rent or own? ☐ Rent ☐ Own How long lived there? ______________________________

If currently a homeowner, have you given credit references inclusive of mortgage lender? ☐ Yes ☐ No

Give a current or previous landlord ______________________________

Are you currently under eviction or have you ever been evicted? ☐ Yes ☐ No

If so, why:

If the tenant or co-tenant is under the legal age of 18, have they provided proof of ☐ Yes ☐ No emancipation?

Thank you for answering all of the above questions. You must now sign all required verification release forms. Once we have completed processing all paperwork, you will receive notice in writing of selection, rejection or waiting list status.

Certification by Applicant(s)

I/We certify that all questions on this interview checklist have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this checklist. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information will lead to cancellation/rejection of my/our application.

(Signature of Tenant) Date

(Signature of Co-Tenant) Date

(Signature of Manager/Owner) Date

CERTIFICATION WORKSHEET

Name		Unit	

Income Calculations: Multiply the rate by the appropriate number to equal the Anticipated Annual Income. Factor overtime pay, pay increases, and other employment compensation separately. The intent is to clearly show calculations that support the amounts listed on tenant certification. ***Do not include Asset income here***.

Applicant	Income Source	Rate		Hrs		Period (12,24,26,52)		Anticipated Annual Income
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$

Sum Total from Anticipated Annual Income Column $ ______________

LINE A

Asset Calculations: Factor appropriate amounts as needed. Current value for all assets except checking, which uses a six month average balance.

Type of Account	Source / Account Number	Balance Cash Value Or Share Value		% Rate or Dividend		Period		Income
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$
			X		X		=	$

Sum Total of Balance or Cash Value Column	=	$ **LINE B**	Sum Total of Income Column	**=**	**$** **LINE C**

When the Net Family Asset aggregate exceeds $5000 you must calculate Imputed Income from Assets at 2% and use the greater of Actual Income from Assets (line C) or the Imputed Income Amount (Line D).

IMPUTED Asset Income	=	**$** **LINE B**	X 2%	=	**$** **LINE D**

TOTAL ANNUAL INCOME

$ **LINE A**	+	Greater of **LINE C** or **LINE D**	=	**$** **GROSS ANNUAL INCOME**

INSTRUCTIONS FOR COMPLETING
TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Property Name	Enter the name of the development.
County	Enter the county (or equivalent) in which the building is located.
BIN #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
Address	Enter the address of the building.
Unit Number	Enter the unit number.
# Bedrooms	Enter the number of bedrooms in the unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child	F	-	Foster child(ren)/adult(s)
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth, student status, and social security number or alien registration number for each occupant.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III - Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A)	Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance,

disability, etc.).

Column (D)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Row (E)	Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F)	List the type of asset (i.e., checking account, savings account, etc.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
Column (H)	Enter the cash value of the respective asset.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
TOTALS	Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than $5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Row (K)	Enter the greater of the total in Column (I) or (J)
Row (L)	Total Annual Household Income From all Sources Add (E) and (K) and enter the total

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources	Enter the number from item (L).
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size.
Household income at move-in Household size at move-in	For recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by

140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

Part VI - Rent

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
Rent Assistance	Enter the amount of rent assistance, if any.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

Part VII - Student Status

If all household members are full time* students, check “yes”. If at least one household member is not a full time student, check “no”.

If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

**Full time is determined by the school the student attends.*

Part VIII – Program Type

Mark the program(s) for which this household’s unit will be counted toward the property’s occupancy requirements. Under each program marked, indicate the household’s income status as established by this certification/recertification. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition, or other housing program, leave those sections blank.

Tax Credit	See Part V above.
HOME	If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, mark the appropriate box indicting the household’s designation.
Tax Exempt	If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household’s designation.
AHDP	If the property participates in the Affordable Housing Disposition Program (AHDP), and this household’s unit will count towards the set-aside requirements, mark the appropriate box indicting the household’s designation.
Other	If the property participates in any other affordable housing program, complete the information as appropriate.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner’s representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.

TENANT INCOME CERTIFICATION
TC-100

☐ Initial Certification ☐ Recertification ☐ Other _________

Effective Date: ____________________

Move-in Date: ____________________
(MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: ________________________________ County:_____________ BIN #: ____________

Address: ________________________________ Unit Number: _______ # Bedrooms: ____________

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						
7						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	$	$	$	$

Add totals from (A) through (D), above TOTAL INCOME (E): $

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
		TOTALS:	$	$

Enter Column (H) Total If over $5000 $_____________ X Passbook Rate 2.00% = (J) Imputed Income $

Enter the greater of the total of column I, or J: imputed income **TOTAL INCOME FROM ASSETS (K)** $

(L) Total Annual Household Income from all Sources [Add (E) + (K)] $

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	*(Date)*	Signature	*(Date)*
Signature	*(Date)*	Signature	*(Date)*

PART V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 $

Household Meets Income Restriction at:

☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐_____%

Current Income Limit x 140%:
$ ______________

Household Income exceeds 140% at recertification:
☐ Yes ☐ No

Current Income Limit per Family Size: $ ______________

Household Income at Move-in: $ ______________

Household Size at Move-in: ______________

PART VI. RENT

Tenant Paid Rent $ ______________
Utility Allowance $ ______________

Rent Assistance: $____________
Other non-optional charges: $____________

GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) $

Unit Meets Rent Restriction at:

☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐_____%

Maximum Rent Limit for this unit: $ ______________

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ yes ☐ no

If yes, Enter student explanation* (also attach documentation)

Enter 1-4

*Student Explanation:
1 TANF assistance
2 Job Training Program
3 Single parent/dependent child
4 Married/joint return

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit ☐	b. HOME ☐	c. Tax Exempt ☐	d. AHDP ☐	e. ______________ ☐ *(Name of Program)*
See Part V above.	*Income Status*	*Income Status*	*Income Status*	*Income Status*
	☐ ≤ 50% AMGI	☐ 50% AMGI	☐ 50% AMGI	☐ __________
	☐ ≤ 60% AMGI	☐ 60% AMGI	☐ 80% AMGI	☐ __________
	☐ ≤ 80% AMGI	☐ 80% AMGI	☐ OI**	☐ OI**
	☐ OI**	☐ OI**		

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

______________________________ ______________
SIGNATURE OF OWNER/REPRESENTATIVE DATE

Rental Assistance Program
TIC Worksheet

GENERAL RAP REQUIREMENTS

To qualify for residence in an Eligible Project, an applicant must:

1. Be of majority age.
2. Not have had rental assistance payments previously terminated because of fraud.
3. Meet the qualified owner's reasonable tenant selection requirement designed to select responsible tenants.
4. Meet the program income limits.

RAP PROGRAM INCOME LIMITS

Total Annual Household Income from All Sources	______
Rental Assistance Annual Income Limit for Family Size (80% of Median Income)	______
Is household eligible or ineligible for RAP?	______

RENT & SUBSIDY BREAKDOWN: RAP, S8 VOUCHER, AND/OR RENTAL SUPPLEMENT

I. Rental Assistance Program

1.	Contract Rent	______	
2.	**Less** Tenant Contribution	______	Total Household Income/12 x 30%
3.	Remaining Rent Due	______	Line 1 minus Line 2.
4.	**Less** Rental Assistance Payment	______	Maximum Payment allowed is: ______
5.	Shortfall Due from Tenant	______	Line 3 minus Line 4.
6.	Total Tenant Contribution	______	Line 2 plus Line 5. Cannot exceed limit above.

II. Rental Assistance Program and Rent Supplement Program *

1.	Contract Rent	______	
2.	**Less** Tenant Contribution	______	Total Household Income/12 x 30%
3.	Remaining Rent Due	______	Line 1 minus Line 2.
4.	**Less** Rental Assistance Payment	______	Maximum Payment allowed is: ______
5.	Remaining Rent Due	______	Line 3 minus Line 4.
6.	Apply Rent Supplement Payment	______	
	a. Total Tenant Obligation	______	Line 2 plus Line 5.
	b. **Less** Rent Supplement Payment	______	Provided by Rent Supplement Office
	c. Shortfall Due to Tenant **	______	
7.	Total Tenant Contribution	______	Cannot exceed limit above.

III. Rental Assistance Program and Section 8 Voucher Program *

1.	Contract Rent	______	
2.	**Less** Rental Assistance Payment	______	Maximum Payment allowed is ______
3.	Net Rent to Section 8	______	Payment Standard ______ less utilities ______
4.	**Less** Section 8 Subsidy Payment	______	As Determined by HCDCH/C&C
5.	Total Tenant Contribution	______	As Determined by HCDCH/C&C

* Changes need to be reported to the appropriate Rent Supplement or Section 8 office.

** If there is a negative shortfall due to the tenant, the Rental Assistance Portion should be adjusted to prevent overpayments.

CERTIFICATION OF ZERO INCOME LIHTC

Each adult household member claiming 0 income must compete this form. Fill out Section 1 or 2; whichever is appropriate. Then, fill out Section 3.

Name:	Unit No.
Development Name:	City:

1. I [print name], ______________________________________, state that I am currently unemployed and receive no income or compensation from any source. Furthermore, there is no imminent change expected in my financial status or employment status during the next 12 months.

   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
   j. Any other source not named above.

2. I [print name],______________________________________, state that I am currently unemployed however, based upon my prior employment history and educational training, I anticipate earning $____________________ over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

3. I will be using the following sources of funds to pay for rent and other necessities:

____

____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

______________________ ______________________ __________

Signature of Applicant/Tenant   Printed Name of Applicant/Tenant   Date

.

UNDER $5,000 ASSET CERTIFICATION

TC-100 H **LIHTC Compliance Monitoring**

For households whose combined net assets do not exceed $5,000. Complete only one form per household; include assets of children.

Household Name:________________________________ Unit No. ________________

Development Name: ________________________________ City:________________

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
$		$	Savings Account	$		$	Checking Account
$		$	Cash on Hand	$		$	Safety Deposit Box
$		$	Certificates of Deposit	$		$	Money market funds
$		$	Stocks	$		$	Bonds
$		$	IRA Accounts	$		$	401K Accounts
$		$	Keogh Accounts	$		$	Trust Funds
$		$	Equity in real estate	$		$	Land Contracts
$		$	Lump Sum Receipts	$		$	Capital investments
$		$	Life Insurance Policies (excluding Term)				
$		$	Other Retirement/Pension Funds not named above:				
$		$	Personal property held as an investment** :				
$		$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: $______________ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed $5,000 and the annual income from the net family assets is $__________. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

________________ __________ ________________ __________

Applicant/Tenant Date Applicant/Tenant Date

RECERTIFICATION UPDATE

Complex Code ______________________________ Date ______________________

Please list all current information and note any changes which may have occurred since your last certification.

1. RESIDENT INFORMATION

Name ____

Address ______________________________ Home Phone # ____________________

Head Work Phone # ____________________ Co-Tenant Work Phone # ____________________

	Name	**Relationship to head**	**Birth Date**	**Age (Optional)**	**SS#**	**Student Y/N**
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No
If yes, explain:
Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
If yes, explain:

Is this the entire household to occupy the unit?	☐ ***Yes*** ☐ ***No***.
If no, list and explain	
No one else can join the household without prior management approval. Do you plan to have anyone living with you in the future who is not listed above?	☐ ***Yes*** ☐ ***No***
If yes, list and explain.	
Have there been any changes in this household since the previous certification?	☐ ***Yes*** ☐ ***No***
If yes, what were the Changes?	

Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or	
Apparatus for hearing assistance?	☐ ***Yes*** ☐ ***No***.
If yes, describe	

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

Social Security?	☐ Yes	☐ No	$
SSI?	☐ Yes	☐ No	$
Pension/Annuity?	☐ Yes	☐ No	$
Veterans Benefits?	☐ Yes	☐ No	$
Disability?	☐ Yes	☐ No	$
Unemployment?	☐ Yes	☐ No	$
Workman's Comp?	☐ Yes	☐ No	$
TANF/Public Assistance?	☐ Yes	☐ No	$
Employment?	☐ Yes	☐ No	$
Do you receive Alimony?	☐ Yes	☐ No	$
Are you entitled to receive Alimony?	☐ Yes	☐ No	$
Do you receive Child Support?	☐ Yes	☐ No	$
Are you entitled to receive Child Support?	☐ Yes	☐ No	$
Military Pay?	☐ Yes	☐ No	$
Net Income from Business?	☐ Yes	☐ No	$
Contributions from Friends/Relatives?	☐ Yes	☐ No	$
Income from Assets?	☐ Yes	☐ No	$
Long Term Medical Care Insurance Payments in excess of $180/day	☐ Yes	☐ No	$
Other Income?	☐ Yes	☐ No	$
**Grants or Scholarships?	☐ Yes	☐ No	$

[**Not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent.]

Do you file Income Tax returns? ☐ Yes ☐ No

Please list total household income for previous year. $ ____________________

If this differs from current year, please explain: ____

____

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2? ☐ Yes ☐ No

If yes, please explain:

____

Do you or a family member have any of the following assets?

Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No	
If yes, Type of property		
Location of property		
Appraised Market Value	$	
Mortgage or outstanding loans balance due	$	
Amount of annual insurance premium	$	
Amount of most recent tax bill	$	

Checking Accounts	☐ Yes	☐ No	Stocks or Bonds	☐ Yes	☐ No
Savings Accounts	☐ Yes	☐ No	Mutual Funds	☐ Yes	☐ No
Certificates of Deposit	☐ Yes	☐ No	Trust Accounts	☐ Yes	☐ No
IRA	☐ Yes	☐ No	Life Insurance	☐ Yes	☐ No
Other Retirement Funds	☐ Yes	☐ No	Real Estate	☐ Yes	☐ No

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	☐ Yes ☐ No
If yes, describe:	
Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? ☐ Yes ☐ No	
If yes, describe the asset	
Date of disposition	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	☐ Yes	☐ No

Certification by Tenant(s): I/We have understood and answered all questions on this recertification update. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law.

(Signature of Head of Household) (Date)

(Signature of Tenant #2) (Date)

(Signature of Tenant #3) (Date)

(Signature of Tenant #4) (Date)

ANNUAL YEAR END FORMS

HOUSING AND COMMUNITY DEVELOPMENT CORPORATION OF HAWAII

LIHTC ANNUAL REPORT
FOR PRECEDING 12-MONTH PERIOD

Report Period: From to 12/31/

Fee Enclosed:

($25/unit/year)

PROJECT INFORMATION			
Project Name			Federal Tax Credit Annual Allocation
Site Contact			State Tax Credit Annual Allocation
Physical Address			Original LIHTC Owner
Phone	Fax		Has the property been sold since the issuance of the Tax Credit Allocation: ☐ Yes* ☐ No * If yes, attach a copy of the bond posted with Treasury Department, as required.

CURRENT OWNER INFORMATION			MONITORING INFORMATION	
Owner Name			Management Company	
General Partner			Agent Contact	
Mailing Address			Address	
Phone	E-Mail		Phone	E-Mail
Fax	Tax Payer ID Number		Fax	Preferred for Record Review Location

BIN	Description	Allocation Date	PIS	Year Credits First Claimed	Common Space Units	# LIHTC Units	Total # Units
	Indicate Totals						

Attach separate sheet if additional space is needed.

OCCUPANCY INFORMATION

Indicate Minimum Set-Aside: ⇒ ☐ 20/50 or ☐ 40/60

Indicate Other Set-Aside(s): ⇒

AS OF END OF REPORT PERIOD:

Total low-income units occupied: ⇒

Total empty units: ⇒

Total vacant units: ⇒

Has the number of LIHTC units changed from last year? ⇒ ☐ Yes ☐ No

RENTAL INFORMATION

Qualifying Maximum Tenant Contribution: (Indicate applicable) ⇒ ☐ Units Allowed by FAMILY SIZE: (1987-1989 projects) ☐ Units Allowed by BEDROOM SIZE: (1990+ projects)

Type of Utilities Paid by Tenants ⇒

Date Utility Allowances Updated ⇒ ☒ Current Utility Allowance Schedule attached

Indicate Project Subsidy and/or Other Program(s) ⇒

RENT SCHEDULE

Effective date ⇒

Unit Type	Maximum Rent	Contract Rent	Utility Allowance	Subsidy *	Tenant Portion *
Studio					
1 Bedroom					
2 Bedroom					
3 Bedroom					
4 Bedroom					

* Indicate low and high end of range if it varies.

NON-RESIDENTIAL PORTION OF THE BUILDING/PROJECT INCLUDED IN THE ELIGIBLE BASIS

Describe the character and use of any non-residential portion of the building/project that is included in the eligible basis (i.e., facilities that are available to all tenants, staff units):

☒ **Attach completed Owner's Certificate of Continuing Program Compliance Form.**

Submit Annual Report with attachments and monitoring fee payment to:

Housing and Community Development Corporation of Hawaii
Finance Branch
677 Queen Street, Suite 300
Honolulu, Hawaii 96813

Should you have any questions, please contact Donna Ho at (808) 587-0522.

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: Housing & Community Development
Corporation of Hawaii
677 Queen Street, Suite 300
Honolulu, Hawaii 96813

☐ No buildings have been Placed in Service
☐ At least one building has been placed in Service but owner elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and proceed to page 2 to sign and date this form.

Certification Dates:	**From:** **January 1, 20**	**To:** **December 31, 20**		
Project Name:		**Project No:**		
Project Address:		**City:**		**Zip:**
Tax ID # of Ownership Entity:				

The undersigned ____ on behalf of

____ (the "Owner"), hereby certifies that:

I. The project meets the minimum requirements of: (check one)
☐ 20 - 50 test under Section 42(g)(1)(A) of the Code
☐ 40 - 60 test under Section 42(g)(1)(B) of the Code
☐ 15 - 40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code

If **"Change"** list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 5:

II. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B)) of any building in the project, or that there was a change and description of the change;
☐ **NO CHANGE** ☐ **CHANGE**

III. The owner has received an annual income certification from each low-income tenant, and documentation to support that certification; or, in the case of a tenant receiving Section 8 housing assistance payments, the statement from a public housing authority described in paragraph (b)(1)(vii) of this section;
☐ **YES** ☐ **NO**

IV. Each low-income unit in the project has been rent-restricted under Section 42(g)(2);
☐ **YES** ☐ **NO**

V. All units in the project were for use by the general public (as defined in 1.42-9), including the requirement that no finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3169, occurred for the project. A finding of discrimination includes an adverse final decision by the Secretary of the Department of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court;
☐ **YES** ☐ **NO**

VI. The buildings and low-income units in the project were suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the State or local government unit responsible for making local health, safety, or building code inspections did not issue a violation report for any building or low-income unit in the project. If a violation report or notice was issued by the governmental unit, the owner must attach a statement summarizing the violation report or notice or a copy of the violation report or notice to the annual certification submitted to the Agency under paragraph (c)(1) of this section. In addition, the owner must state whether the violation has been corrected;

☐ **YES** ☐ **NO**

VII. There was no change in the eligible basis (as defined in section 42(d)) of any building in the project, or if there was a change the nature of the change (e.g., a common area has become commercial space, or a fee is now charged for a tenant facility formerly provided without charge);

☐ **NO CHANGE** ☐ **CHANGE**

If "**Change",** state nature of the change on page 5.

VIII. All tenant facilities included in the eligible basis under Section 42(d) of any building in the project, such as swimming pools, other recreational facilities, and parking areas, were provided on a comparable basis without charge to all tenants in the buildings;

☐ **YES** ☐ **NO**

IX. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units in the project were or will be rented to tenants not having a qualifying income;

☐ **YES** ☐ **NO**

X. If the income of tenants of a low-income unit in the building increased above the limit allowed in section 42(g)(2)(D)(ii), the next available unit of comparable or smaller size in the building was or will be rented to tenants having a qualifying income; and

☐ **YES** ☐ **NO**

XI. An extended low-income housing commitment as described in section 42(h)(6) was in effect (for buildings subject to section 7108 (c)(1) of the Omnibus Budget Reconciliation Act of 1989, 103 Stat. 2106, 2308-2311, including the requirement under section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s (for buildings subject to section 13142 (b)(4) of the Omnibus Budget Reconciliation Act of 1993, 107 Stat. 312, (438-439); and

☐ **YES** ☐ **NO** ☐ **N/A**

XII. All low-income units in the project were used on a nontransient basis (except for transitional housing for the homeless provided under section 42(i)(3)(B)(iiii) or single-room-occupancy units rented on a month-by-month basis under section 42(i)(3)(B)(iv).

☐ **YES** ☐ **NO** ☐ **HOMELESS**

XIII. The owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42 (h)(5) of the code and it's non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.

☐ **YES** ☐ **NO** ☐ **N/A**

XIV. There has been no change in the ownership or management of the project:

☐ **NO CHANGE** ☐ **CHANGE**

If **"Change"**, complete page 5 detailing the changes in ownership or management of the project.

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

____

(Ownership Entity)

By: ______________________________

Title: ______________________________

Date: ______________________________

Signed sealed and delivered in the presence of:

Notary: __________________________

Witness: ______________________________ My commission expires: __________________________

Date of Execution: ______________________ (NOTARY PUBLIC SEAL)

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO" OR "CHANGE" ON QUESTIONS 1-14.

Question #	Explanation

CHANGES IN OWNERSHIP OR MANAGEMENT
(to be completed ONLY if "CHANGE" marked for question 14 above)

TRANSFER OF OWNERSHIP

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

CHANGES IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

CHANGES IN MANAGEMENT CONTACT

Date of Change:	
Management Co. Name:	
Management Address:	
Management city, state, zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	

LOW INCOME HOUSING TAX CREDIT (LIHTC)

ORIGINAL QUALIFIED BASIS TRACKING SHEET

DATE: ______________________

As part of our monitoring review, SPECTRUM requires that this form be completed to show the original qualifying tenants in each building of your LIHTC project. This data should reflect only the original LIHTC tenant household that qualified each unit for the LIHTC and should include market rate tenants along with the LIHTC qualified households. In completing this Tracking Sheet, please use a separate form for each building (BIN number) in the project. NOTE: The last two columns which have the headings "Market Unit" and "LIHTC Unit" simply need to be checked as to which applies to this apartment. If the unit was empty and did not originally qualify, list as “Empty.” No qualifying dates should exist prior to the year of the building “placed in service year.”

Project Name	Address City, State, Zip
BIN #	Date Building Placed In Service
Total # of Units	#of LIHTC Units

UNIT #	# BR	SQ Ft	TENANT NAME	TOTAL # HSHLD	LIHTC QUALIFYING DATE	MOVE-IN GR ANNUAL INCOME	(Check One)	
							MKT UNIT	LIHTC UNIT

UNIT #	# OF BRS	SQ Ft	TENANT NAME	TOTAL # HSHLD	LIHTC QUALIFYING DATE	MOVE-IN GR ANNUAL INCOME	(Check One)	
							MKT UNIT	LIHTC UNIT

UTILITIES INFORMATION
TC-100G **LIHTC Compliance Monitoring**

Project Number ____

Project Name ____

Building Number ____

1. Utilities

	Gas	Electric	Oil	L.P.	Other	Owner Paid	Tenant Paid
Unit Heat							
Water Heating							
Cooking							
Unit Electric							
Water Service							
Sewer							
Trash Removal							
Appliances							
Gas Service							
Electric Service							
Other							

2. Utility Allowance Documentation (per IRS Final Regulations and Tax Credit Carryover Allocations dated March 3, 1994 and effective May 2, 1994 - utility allowances for Section 42 projects must be determined by using the source below which applies to the project and/or building).

   A. If a building receives assistance from FmHA - approved FmHA utility allowance pursuant to Exhibit A-6 of 7 CFR part 1994, subpart E must be used for all LIHTC unit 5.

   B. If any tenant in a building receives FmHA rental assistance payments, the applicable utility allowance for all LIHTC units (including any units receiving HUD assistance) is the applicable FmHA utility allowance.

   C. If neither a building nor a tenant receives FmHA assistance and the building is a HUD-regulated

RECOMMENDED FORMS

EMPLOYMENT/INCOME VERIFICATION

Send To: ____

____

____

Applicant/Tenant: ______________________________ Unit # ____________

Soc. Security #: ____

Property Name: ____

Address: ____

____

Employment Data:

When did this person start employment at this firm?
Has this person worked continuously since the above date? Yes___ No__
Occupation description
Part Time _______________ Full Time _____________ Seasonal
Funded under Job Training Partnership Act; Title V; other government program?(please specify)
Number of hours worked per week ________ (If this varies, please use an average)

Compensation Data:

Please base answers on employee's gross wages.

Method of Employee Payment: Check all that apply
1) Salary ____ 2) Hourly Rate ____ 3) Commission ____ 4) Other

1) For **Salary**: Describe current arrangement $ ________ per
Will this salary change in the next 12 months? Yes ____ No
If so, new amount $__________ Effective Date

2) For **Hourly Rate**: Current gross rate per hour$
Will this rate change in the next 12 months? Yes ____ No
If so, new amount $__________ Effective Date

Average number of hours worked per week
Will these hours change in the next 12 months? Yes ____ No
If so, new amount__________ Effective Date

Does the employee work overtime? Yes____ No
Average number of overtime hours per week _____ Rate of Pay for overtime $
Will these hours change in the next 12 months? Yes ____ No
If so, new amount__________ Effective Date
3) For **Commission Pay**: Any base pay amount $_______ per
Average Commissions per month $
Will this amount change in the next 12 months? Yes ____ No

If so, new amount__________ Effective Date

4) __Other__ Pay Set-up: Including tips, commissions, bonuses, or any form of compensation. Describe and list amounts and pay period.

Type of Pay	Amount	Monthly___Yearly____ (check one)
____________	$____________	$
____________	$____________	$
____________	$____________	$

Please estimate the annual amounts the employee earned during __the last 12 months__ from the following sources:

Wages/Salary:$_________Commission:$_________Overtime $_________Tips:$_________Bonus $________Other $_______

Are there any cost-of-living adjustments or automatic pay raises? Yes______ No

If *yes,* **Amount**:_______________ **Effective Date:**

Please list the employee's total anticipated gross annual pay for the next 12 months including tips, overtime, bonus, commissions, and increases in pay: $__

Benefits Data:

Does your firm have a scheduled shut-down period each year? Yes___ No
If yes, when? _________ How long?
Are employees compensated? Yes___ No

AUTHORIZED SIGNATURE

Print Name: ______________________________ Title: ____________

Signature: ______________________________ Date: ____________

Telephone: ______________________________

RETURN TO: ______________________________

____

____

--OFFICE USE ONLY--

Date Sent: ____________________

Date Received: ____________________

Comments: ______________________________

UNEMPLOYMENT VERIFICATION

Send To: ______________________________
____
____
____

Applicant/Tenant: ______________________ Unit # __________

Soc. Security #: ______________________________

Property Name: ______________________________

Address: ______________________________
____

COMPENSATION:

Gross weekly amount $ ______________________________

Date of initial payment ______________________________

Ending date if known ______________________________

Is the client entitled to an extension of benefits? ☐ Yes ☐ No

If *Yes*, how long? ______________________________

If *No*, what is the termination date of benefits? ______________________________

Comments ______________________________
____

AUTHORIZED SIGNATURE

Print Name: ______________________ Title: ______________________

Signature: ______________________ Date: ______________________

Telephone: ______________________

RETURN TO: ______________________________
____
____

--OFFICE USE ONLY--

Date Sent: ______________

Date Received: ______________

Comments: ______________________________

PUBLIC ASSISTANCE/TANF VERIFICATION

Send To: ____
____
____
____

Applicant/Tenant: ______________________ Unit #: __________
Soc. Security #: ______________________________
Property Name: ______________________________
Address: ______________________________
____

Type of Grant: ______________________________________
Current Monthly Grant: $______________________
Will the amount listed under current monthly grant be changed due to a cost of living or inflation index in the next 12 months? Yes___ No_____
If yes, effective date: _________ New amount: $_______________

AUTHORIZED SIGNATURE

Print Name: ______________________ Title: ______________________
Signature: ______________________ Date: ______________________
Telephone: ______________________ Agency: ______________________

RETURN TO: ______________________________
____
____

--OFFICE USE ONLY--

Date Sent: ______________________________
Date Received: ______________________________
Comments: ______________________________

CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

Applicant/Tenant:_________________________ Development: __________________________

This verification may be used for either child support or alimony paid or received. A copy of a divorce decree or settlement agreement showing the amount in question should be attached to this form.

---

1. Declaration of Payment Made: The person making the child support or alimony payment should fill out this section.

I, _______________________ who reside at _________________________________
(name) (address)

do certify that I pay the sum of $______ per ______________ for the obligation of
(week/month)

___________________________. If child support, list names of children cared for.
(alimony or child support)

1.	5.
2.	6.
3.	7.
4.	8.

How long must payments be made?_____________

Signature: ________________________ Date: ___________________
Witness: _________________________ Date: ___________________

---

2. Declaration of Payment Received: The applicant or tenant requiring the child support or alimony should fill out this section if the maker of the payment is not able to be reached or will not complete the form, if the applicant is not receiving child support, or if the applicant is receiving a different amount than on a divorce decree or settlement agreement. This form must be notarized.

I, _______________ who reside at____
(name) (address)
do certify that I receive the sum of $______ per ______________ for the obligation of
(week/month)

___________________________. If child support, list names of children cared for.
(alimony or child support)

1.	5.
2.	6.
3.	7.
4.	8.

If child support or alimony is $0, answer the following:

- ☐ I am not entitled to receive child support
- ☐ I am entitled to receive child support but do not currently receive.
- ☐ I am not entitled to receive alimony
- ☐ I am entitled to receive alimony but do not currently receive.

Please explain the likelihood of receiving either child support or alimony in the future, and ***attach a copy of your divorce decree and/or separation agreement.*** If there is no agreement, please state so. If the amount being received is different than the amount specified in the divorce decree or settlement agreement please explain the difference and what attempts have been made to collect the amount specified

____

____

____

Signature: ______________________________ Date: ______________

Notary: ______________________________ Date: ______________

RETURN TO: ______________________________

____

____

____

--OFFICE USE ONLY--

Date Sent: ______________

Date Received: ______________

Comments: ______________________________

SOCIAL SECURITY/SSI VERIFICATION

Send To: ______________________________
____
____

Applicant/Tenant: ____________________ Unit # ____________

Soc. Security #: ______________________________

Property Name: ______________________________

Address: ______________________________
____

SOCIAL SECURITY:

Gross Amount for Month $ ____________

Will this social security amount be changed in the next 12 months for other than cost of living increases? ☐ Yes ☐ No

If Yes, describe reasons ______________________________
____

SUPPLEMENTAL SECURITY INCOME (SSI):

Gross Amount per Month $ ____________

Will this supplemental security income amount be changed in the next 12 months other than for cost of living increases? ☐ Yes ☐ No

If Yes, describe reasons: ______________________________
____

AUTHORIZED SIGNATURE

Print Name: ____________________ Title: ____________________

Signature: ____________________ Date: ____________________

Telephone: ____________________

RETURN TO: ______________________________
____
____

--OFFICE USE ONLY--

Date Sent: ____________

Date Received: ____________

Comments: ______________________________

PENSION VERIFICATION

Send To: ____
____
____
____

Applicant/Tenant: ______________________ Unit #: __________
Soc. Security #: ____
Property Name: ____
Address: ____
____

Monthly Gross Pension Amount Before Deductions: $ ____________________
Is this Pension a fixed monthly total or is it subject to change? ☐ FIXED ☐ SUBJECT TO CHANGE
If subject to change, please list circumstances: ____
____
____

AUTHORIZED SIGNATURE

Print Name: ______________________ Title: ____________________
Signature: ______________________ Date: ____________________
Telephone: ______________________

RETURN TO: ______________________________
____
____

--OFFICE USE ONLY--

Date Sent: ____________
Date Received: ____________
Comments: ____

VETERAN'S PENSIONS/BENEFITS VERIFICATION

Send To: ______________________________
____
____
____

Applicant/Tenant: ____________________ VA # ______________

Soc. Security #: ______________________________

Property Name: ______________________________

Address: ______________________________
____

Gross Monthly Veteran's Benefit $ ______________

Do you anticipate a change in the gross monthly amount of the income during the next 12 months? ☐ Yes ☐ No

If Yes, date of change ______________

Amount of increase $ ______________

Amount of decrease $ ______________

Comments ______________________________
____

AUTHORIZED SIGNATURE

Print Name: ____________________ Title: ____________________

Signature: ____________________ Date: ____________________

Telephone: ____________________

RETURN TO: ______________________________
____
____

--OFFICE USE ONLY--

Date Sent: ______________

Date Received: ______________

Comments: ______________________________

Verification of Assets

The following form is to be used when third party verification of assets is required. This may include specific program requirements other than the LIHTC, or in instances where the household asset aggregate exceeds $5,000. Where the household aggregate is $5,000 or less, Revenue Procedure 94-65 may be adopted, and the Under $5,000 Asset Certification (TC-100H) may be used.

Asset Income Verification

Purpose:

To verify the net values and rates of income for Current Assets listed on the application.

General Instructions:

Asset verification is often confusing, but can be broken down into two separate tasks.

First, you must verify the cash value of an asset. This can be any asset, from Whole Life Insurance policies to Stocks and Bonds or Real Estate. Always identify and verify the cash value. The cash value is the amount the applicant would receive if the asset were converted to cash. Keep in mind, there are often penalties for converting assets, and these would be deducted to determine the net cash value.

Second, you must identify and verify any income from an asset. This could be in the form of a dividend, interest income or rental income. Do not be confused by assets that have income that is redistributed back into the asset. Many mutual funds have the income or dividend re-invested. This reinvestment amount is income and must be counted. Note that capital gains from stocks, bonds, and mutual funds is not considered income. It is factored into the asset or cash value side of the verification. That means when current cash value is verified, the amount of the cash value will reflect capital gain increases.

Once the cash value and actual income from the asset is determined, use the **Certification Worksheet** to calculate the asset income amount to be used on the Tenant Income Certification. See the HUD regulations in Section 22 for additional information.

Financial institutions may not always be able to provide the preferred 6-month average balance for checking accounts, so this form requests the current balance as well. All information should be supplied by the financial institution for each account, thus an effort should be made to obtain the checking account 6-month average balance whenever possible. Clarify any ambiguous or confusing information with a telephone clarification record.

ASSET INCOME VERIFICATION

Send To: ______________________________

____

____

____

Applicant/Tenant/
Dependant
Minor: ______________________ Unit # __________

Soc. Security #: ______________________________

Property Name: ______________________________

Address: ______________________________

____

I. Checking Accounts:

Account #	Average 6 Month Balance	Interest Rate (N/A if no interest)
#	$	%
#	$	%
#	$	%

II. Savings Accounts:

Account #	Current Balance	Interest Rate (N/A if no interest)
#	$	%
#	$	%
#	$	%

III. Certificates of Deposit:

Account #	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	$	%		
#	$	%		
#	$	%		
#	$	%		

IV. Bonds/Other Securities: If applicable, describe asset amount and income projected for the next 12 months.

Type Of Asset	Current Cash Value*	Interest Rate Or Dividend	Projected Income	Previous Years Income
	$	%	$	$
	$	%	$	$
	$	%	$	$

V. Keogh; 401k; IRA

Type Of Account	Current Cash Value*	Interest Rate
	$	%
	$	%
	$	%

**** Current cash value is the amount the holder would receive if converted to cash (minus any penalties)***

COMMENTS:

____

____

____

AUTHORIZED SIGNATURE

Print Name: ______________________ Title: ______________

Signature: ______________________ Date: ______________

Telephone: ______________________

RETURN TO: ______________________

____

____

--OFFICE USE ONLY--

Date Sent: ____________

Date Received: ____________

REAL ESTATE VERIFICATION

To be completed by Tax Assessor:

Send To: ______________________________
____
____

Applicant/Tenant: ______________________ Unit # __________

Soc. Security #: ______________________________

Property Name: ______________________________

Address: ______________________________
____

Please list all owners of property: ______________ ______________
______________ ______________

Property Location (street address): ______________________
____

Year Assessed: ________		Assessed Value: ________		% of Fair Market Value: ____	
Taxed @: $ ________ /$1000		or $ ________		for tax year: ________	
What is the current Market Value? $					

Has this property been sold or transferred within the last 24 months? ☐ Yes ☐ No

Date of Sale or Transfer: ______________ @______________ % Fair Market Value

AUTHORIZED SIGNATURE

Print Name: ______________________ Title: ______________

Signature: ______________________ Date: ______________

Telephone: ______________________

RETURN TO: ______________________________
____
____

--OFFICE USE ONLY--

Date Sent: ______________

Date Received: ______________

Comments: ______________________________

REAL ESTATE ASSET WORKSHEET

Real Estate Address		
Current Market Value of Real Estate	(1)	$
Total Closing Costs	(2)	$
Current Mortgage Balance	(3)	$
Add line (2) + line (3) =	(4)	$
Net Value of Real Estate- Subtract Line (4) from Line (1)	(5)	$
Percentage of Ownership/Value	(6)	%
TOTAL "CASH" VALUE OF REAL ESTATE Multiply Line (5) x Line (6)	(7)	$

Total Rental Income (if applicable) for Next 12 Months	(1)	$
Expenses in renting the property for next 12 months (taxes, insurance, maintenance and utilities, mortgage interest)	(2)	$
Net Income from Asset: Subtract Line (2) from Line (1)	(3)	$
Percentage of Ownership	(4)	%
(APPLICANT'S SHARE) **INCOME FROM ASSET** Multiply Line (3) x Line(4)	(5)	$

Assets Disposed of for less than Fair Market Value within the last two years prior to the effective date of the Tenant Certification:

Fair Market Value of Asset(s) **DISPOSED OF**	(1)	$
Amount Received for Asset(s)	(2)	$
Subtract Line (2) from Line (1)	(3)	$

If Line (3) is Greater than $1,000, insert Line (3) on Line (4).
If Line (3) is Less than $1,000, do not count it as an asset.

Value of Asset(s) DISPOSED OF (4) $

TELEPHONE VERIFICATION/CLARIFICATION

Unit #________________

Property Name: ____

Property Address: ____

____

____

Applicant/Tenant Name: ____

Describe item to be clarified

____

____

____

____

--Verification Received--

Individual Contacted: __________________________ Title: __________________

Company Name: __________________________ Phone: __________________

Address: ______________________________________

____

____

Date and Time of Verification: ______________________________________

Clarification/Information received: ______________________________________

____

____

____

____

____

____

Signature ______________________________ Date ____________________

Print Name ______________________________ Title ____________________

NO CHANGE IN INCOME STATEMENT

This Form is to be used when the certification signatures are dated prior to the tax credit move-in date. All persons 18 years and over must sign this form.

Property Name: ____

Apartment Number: ____________________ Date: ____________________

Name(s): ____________________ ____________________

____________________ ____________________

Move-In Date: ____________________

I (we) affirm that my (our) income and assets have not changed since the date, ______________, I (we) signed the Tenant Income Certification Form.

Signature: ________________________ Date: ______________________

Signature: ________________________ Date: ______________________

Signature: ________________________ Date: ______________________

Signature: ________________________ Date: ______________________

Witness: ________________________ Date: ______________________

SECTION 8 INCOME VERIFICATION

Send To: ___________________________________

____

____

___________________________________ has applied for residency or is currently a resident at ___________________________ Apartments, an LIHTC project. As part of our processing, we must obtain verification of his/her household's anticipated ***gross*** annual income.

Under Section 42(g) of the Internal Revenue Code (as amended) of the Low Income Housing Tax Credit Program, the anticipated gross annual household income for the above referenced household cannot exceed $______________________, the applicable income limit for this unit.

Thank you for your assistance,

___________________________ ______________________

Property Representative Date

Permission to Release Information

I give my permission to the housing authority to release the requested income information.

___________________________ ______________________

Signature of Applicant/Resident Date

To be completed by the public housing authority:

Household Surname _______________ Family Size ______ Adults ______ Children _________

I certify that the income of this household is verified at least annually in accordance with HUD Section 8 procedures, and that effective on______________ :

The combined household income is equal to or less than the amount stated above

--(OR)--

Certified GROSS Income (before adjustments): $ ______________________

AUTHORIZED SIGNATURE

Print Name: ____ Title: __________________

Signature: ____ Date: __________________

Telephone: ____

RETURN TO: ____

____

____

--OFFICE USE ONLY--

Date Sent: __________________

Date Received: __________________

Comments: ____

LIFE INSURANCE VERIFICATION

(Whole Life or Universal Life Policies Only)

Send To: ____

____

____

Applicant/Tenant: ______________________________ Unit # ______________

Soc. Security #: ____

Property Name: ____

Address: ____

____

Pursuant to federal regulations, we are required to verify all income/assets of person(s) seeking or continuing residency in an apartment governed by the Low-Income Tax Credit Program under Section 42 of the Internal Revenue Code. This information will only be used for the determination of residency eligibility under this Program. Please complete the following information and return as soon as possible via FAX or mail in the enclosed self-addressed envelope provided. Your prompt attention and return of this information will be appreciated. *(Comments: Should Net Asset Value prove less than $0, consider asset to have $0 value)*

Policy Account #	**Cash Surrender Value**	**Dividend Interest Rate** (**"N/A" if no interest**)
#	$	%
#	$	%
#	$	%
#	$	%

Balance of any outstanding loans against policy/policies: $ ______________

Penalty fee or % of Cash Surrender Value charged to cash in each policy: $ ________ % ________

NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = **$** ________

AUTHORIZED SIGNATURE

Print Name: ______________________ Title: ______________________

Signature: ______________________ Date: ______________________

Telephone: ______________________

RETURN TO: ______________________

____

____

--OFFICE USE ONLY--

Date Sent: ______________

Date Received: ______________

Comments: ____

STUDENT VERIFICATION

TC-100 A **LIHTC Compliance Monitoring**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: ____

Building Address: ____

Unit Number if assigned: _____________________

I hereby grant disclosure of the information requested below from ______________________
Name of Educational Institution

______________________ Signature

______________________ Date

______________________ Printed Name

______________________ Student ID#

Return Form to:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: ______________________

Expected date of graduation: ______________________

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: ______________________________ Date: ______________

Print your name: ______________________________ Tel. #: ______________

Title: ______________________________

Educational Institution: ______________________________

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

HOUSEHOLD STUDENT STATUS VERIFICATION

This Form is to be used to retroactively correct instances where student status was not verified at certification.

Applicant/Tenant Name: ______________________________

Address: ______________________________

____

____

Completed For: (check one)

☐ Move-in; effective date: ____________________

☐ Annual recertification; effective date: ____________________

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? ☐ Yes ☐ No

If YES, then is anyone in your household:

- A full time student married and filing a joint tax return? ☐ Yes ☐ No
- A full time student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? ☐ Yes ☐ No
- A full time student and Title IV/TANF recipient? ☐ Yes ☐ No
- A full time student and single parent living with his/her minor child who is not a dependant on another's tax return? ☐ Yes ☐ No

______________________________ ____________
(Signature of Tenant) Date

______________________________ ____________
(Signature of Co-Tenant) Date

______________________________ ____________
(Signature of Co-Tenant) Date

______________________________ ____________
(Signature of Co-Tenant) Date

______________________________ ____________
(Signature of Manager) Date

SELF-EMPLOYMENT INCOME AFFIDAVIT

Anticipated earnings for the next 12 months	$
Previous year's income	$

Please attach a current financial statement, accountant's statement of Net Business Income (projected for the next 12 months), income receipts, or any documentation you can provide to corroborate the above income projections.

Also attach a copy of last year's executed tax return including Schedule C.

CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided the above requested information.

Print Name: ______________________________ Date: ______________________________

Signature: ______________________________

VERIFICATION OF TERMINATED EMPLOYMENT

Send To: ____

____

____

____

Applicant/Tenant: ______________________________ Unit # __________

Soc. Security #: ____

Property Name: ____

Address: ____

____

Date of Termination: ____________________ Last Day Actually Worked: ____________________

Reason for Termination: ~ Employee Quit ~ Other ______________________________

Do you anticipate rehiring this employee? ~ Yes ~ No If yes, when: ____________________

Will the employee receive additional paychecks for Workman's Compensation? ~ Yes ~ No

If yes, provide the name and address of the company through which this can be verified:

____

____

Total severance pay anticipated for the next 12 months: ______________________________

Is employee entitled to receive unemployment compensation? ~ Yes ~ No

AUTHORIZED SIGNATURE

Print Name: ______________________________ Title: ______________________________

Signature: ______________________________ Date: ______________________________

Telephone: ______________________________

RETURN TO: ______________________________________

____

____

--OFFICE USE ONLY--

Date Sent: ________________

Date Received: ________________